Member / Officer Post-Travel Disclosure Form

Original		A
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🛂 Amendment

This form is for disclosing the receipt of travel expenses from a private source for travel taken in connection with a Member or officer's official duties. This form does not eliminate the need to report privately-funded travel on the Member or officer's annual *Financial Disclosure Statement*. In accordance with House Rule 25, clause 5, you must complete this form and *file it with the Clerk of the House*, B-81 Cannon House Office Building, within 15 days after travel is completed. Please do not file this form with the Committee on Ethics.

	mpleted. Please do not file this form with the Committee on Ethics.						
	TE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 1	8 U.S.C. § 1001.					
1.	Name of Traveler: Salud Carbajal						
2.	a. Name of Accompanying Relative:	OR None					
	b. Relationship to Traveler: Spouse Child Other (specify):						
3.	a. Dates: Departure: 3/15/2019 Return: 3/16/2019						
	b. Dates at Personal Expense, if any:	OR None					
4.	Departure City: Washington, DC Destination: San Diego Return City: Santa I	3arbara					
5.	Sponsor(s), Who Paid for the Trip: Apen Institute, Inc.						
6.	Describe Meetings and Events Attended (attach additional pages if necessary): meetings and sessions						
	educate attendees on the United States' policy towards China, and the realtionship between the two c	ountries					
	to the course of the course of the character of the character of the course of the cou	panding har:					
7.	Attached to this form are each of the following, signify that each item is attached by checking the correspondent of the following form:	ponuing vox.					
	 a. a completed Sponsor Post-Travel Disclosure Form; b. the Primary Trip Sponsor Form completed by the trip sponsor prior to the trip, including all attached to the trip. 	ichments and					
	the Grantmaking or Non-Grantmaking Sponsor Forms;	p					
	c. Page 2 of the completed <i>Traveler Form</i> submitted by the Member or officer; and						
	d. the letter from the Committee on Ethics approving my participation on this trip.	2019 JUN -3					
8.	a. I represent that I participated in each of the activities reflected in the attached sponsor's agenda.	₩ æ					
	Signify statement is true by checking the box:						
	b. If not, explain: I did not stay for the entire duration of the event due to a scheduling conflict in my C	Congressional					
		8 8					
	district	77					
I	certify that the information contained in this form is true, complete, and correct to the best of my kno	wledge. I have					
de	etermined that all of the expenses on the attached <i>Sponsor Post-Travel Disclosure Form</i> were necessary an	id that the travel					
W	ras in connection with my duties as a Member or officer of the U.S. House of Representatives and would represented that I am using public office for private gain.	of create the					
Member / Officer Signature:							
	Date: 5/20/2019						

		Sponso	r Post-Travel Disclos	ure Form L	Original 🗹 Amendmen				
or recoff the return Command/o	imbursement for tra e form must be prov rn. You must answer mittee's travel regula or subject the curren E: Willful or knowing	vel expenses to House Mem vided to each House Memb all questions, and check all	nbers, officers, or employees er, officer, or employee who I boxes, on this form for you ith this requirement may retion or a requirement to report form may be subject to criminate the contract of the contr	s under House Rule 25, co participated on the tri or submission to comply sult in the denial of futu pay the trip expenses. ninal prosecution pursua	within ten days of their with House rules and the are requests to sponsor trips				
2.	2. Travel Destination(s): San Diego, California								
	M - 1 45 0040								
	Des Calad Cada' I								
	Note: You may list more than one traveler on a form only if <i>all</i> information is <i>identical</i> for each person listed.								
		expenses paid on behalf o							
		Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Total Other Expenses (dollar amount per item and description				
	Traveler	\$950	\$340	\$140	\$550				
	Accompanying Family Member								
6. All expenses connected to the trip were for actual costs incurred and not a <i>per diem</i> or lump sum payment. <i>Signify statement is true by checking box:</i> ✓									
I cert	tify that the inforn	nation contained in this	form is true, complete, a	and correct to the bes	t of my knowledge				
I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. Signature: Date: May 21, 2019									
Nam	Name: Dan Glickman Title: Vice President								
Orga	nization: The Asp	en Institute, Inc. (Congre	essional Program) Exec	cutive Director; Congr	essional Program				

Committee staff may contact the above-named individual if additional information is required.

_ Email: lisa.jones@aspeninst.org

I am an officer of the above-named organization. Signify statement is true by checking box:

If you have questions regarding your completion of this form, please contact the Committee on Ethics at 202-225-7103.

Address: 2300 N Street, NW, Washington, DC 20037

Telephone: Deputy General Counsel Lisa Jones: 202-736-5859